



# University of California, Santa Barbara Incoming Material Transfer Agreement Form



## Principal Investigator Information

Principal Investigator & Department		
Phone	UCSB Mail Code	Email

## Provider Contact Information

Provider's Name			
Provider's Authorized Official/Contact Name			
Provider's Address			
Phone	Email		
Provider's Organization Type	For-Profit	Non-Profit	Not Sure

## Details Regarding the Material

Scientific description of Material & quantity to be received		
Anticipated Time Period Materials Will Be Used	Begin Date	End Date
What funds will be used to support the research with the Material? Please specify the Sponsor(s) and agreement award numbers		
Intended Use of the Material/Scope of Work for the Project Using the Material		
How long will you use the Material (in months or years)?		

Are you receiving any funds (gift, contract, grant, or otherwise) from the Provider?	Yes	No
Will you be <i>modifying</i> the Material in any way?	Yes	No
Have you received Material(s) from the Provider before?	Yes	No
Will the Material / Does the Material / Is the Material:		
be used in humans?	Yes	No
contain biological matter?	Yes	No
a human embryonic stem cell?	Yes	No
a data set?	Yes	No
a process design kit (PDK)?	Yes	No
Are there any confidentiality agreements/requirements related to the Material?	Yes	No
Do you expect to pay any costs associated with the transfer of the Material?	Yes	No
Was the decision to undertake this research based on receiving access to the Material by the Provider?	Yes	No
Does a financial relationship exist between the Principal Investigator and the Provider (if not a federal agency)?	Yes	No

<b>I certify that the information I have provided is an accurate reflection of my understanding.</b>	
Principal Investigator	
Form Preparer	
Date	

Please fill & save this form. email a copy to [mta@tia.ucsb.edu](mailto:mta@tia.ucsb.edu) or print a hard copy of the form and mail it to the MTA/NDA Officer's attention at the UCSB Office of Technology & Industry Alliances at Mail Code 2055.

\*\*\*Please forward and/or attach any documents you have received from the Provider when you submit this form as well.  
Updated 2/24/2018